

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17223
STATE FILE NUMBER
2204
REGISTRAR'S NUMBER

FILED MAY 29 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MARSHALL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Length of stay in 1b 43 DAYS		d. STREET ADDRESS 512 YERBY		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MIDDLE Last EUNICE DELVILLE MARTIN				4. DATE OF DEATH Month Day Year MAY 11, 1957						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 2, 1892		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER-RETIRED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARSHALL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME HARVEY Martin				14. MOTHER'S MAIDEN NAME ODA SHUMATE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. 495-07-6303		17. INFORMANT Address Official Records VA Hospital, K.C., Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ischaemic Heart Disease with aortic insufficiency								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		0237				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic heart disease								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.										
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. Attended the deceased from March 30, 1957 to May 11, 1957 Death occurred at 11:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Robert E. Mosser				22b. ADDRESS M.D. VA Hospital, K.C., Mo.		22c. DATE SIGNED 5-11-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-11-1957	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) Marshall		(State) Mo			
24. FUNERAL DIRECTOR Harry Hershberger				ADDRESS Marshall, Mo		25. DATE RECD. BY LOCAL REG. 5-11-57		26. REGISTRAR'S SIGNATURE Meva Marshall		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Robert E. Mosser

MAR 7 1958



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Harry Hershberger*

Licensed Embalmer No. 434

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.